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## OHIOHEALTH DROPPED

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# Customers mad about late notice

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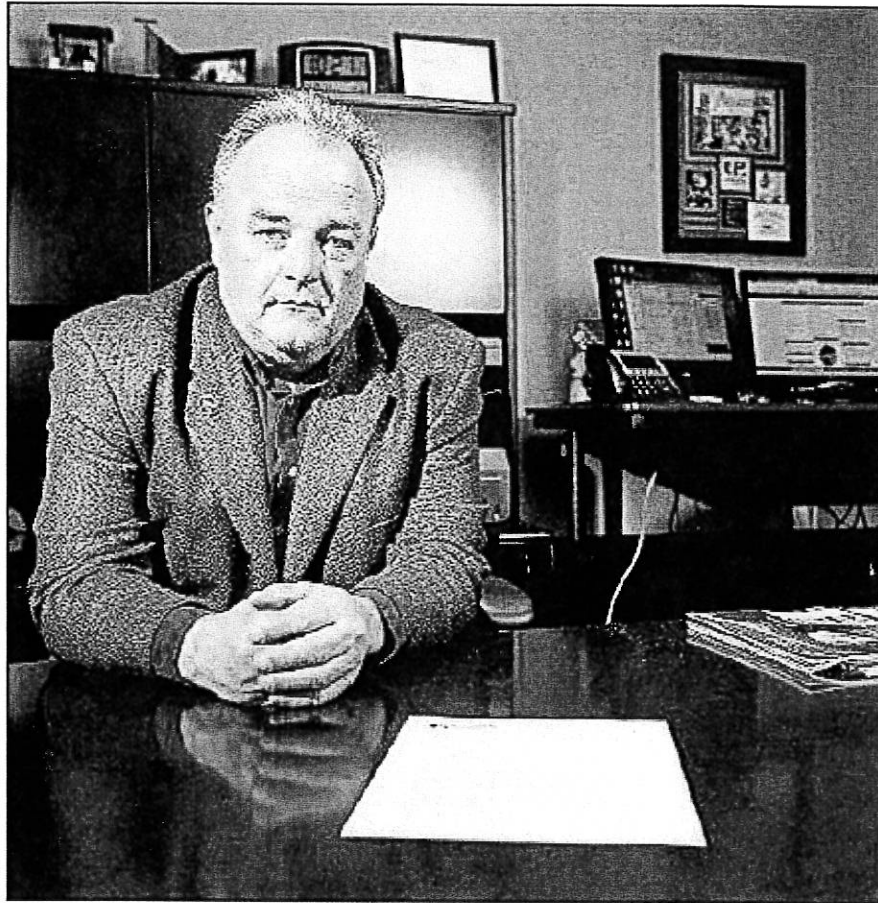
By Ben Sutherly The Columbus Dispatch

Some central Ohio consumers say a Westervillebased health insurer intended to keep quiet about its plan to drop OhioHealth hospitals and doctors from its provider network until it was too late for many of its enrollees to change their health plan.

As of  
Tuesday, 45  
people had  
filed  
complaints  
with the Ohio  
Department  
of Insurance,  
and The  
Dispatch  
obtained

about half of the complaints through a public-records request.

In those complaints, the consumers, who mostly live in Franklin or Delaware counties,



expressed frustration over InHealth Mutual's last-minute notice to consumers about its plan to drop most OhioHealth providers as of March 1. As many as 9,000 people could be affected statewide.

Many consumers said they were not notified of InHealth's plan to narrow its provider network until last week, though some received robocalls on Jan. 30, the day before the deadline to sign up for health insurance through the federally run health-insurance marketplace.

Richard "Rich" Schooley, himself an insurance agent, said he carefully vetted InHealth's coverage before he purchased coverage through the marketplace, only to receive a letter last Wednesday telling him that OhioHealth would be dropped from the network on March 1.

“It’s terribly wrong, and it really screwed the consumer,” said Schooley, 53, of Canal Winchester. “We’re stuck; they can do anything they want to do. That’s not fair; that’s not right.”

InHealth officials declined to be interviewed for this article, but in a statement, the company reiterated that it is a nonprofit mutual insurance company that is “doing all we can to work in the best interests of our members.”

In an interview last week, an InHealth official acknowledged that efforts to get OhioHealth to agree to lower reimbursement rates had broken down by late December.

During the first half of January, InHealth’s leaders decided to drop OhioHealth from the provider network. An official with the Ohio Department of Insurance said that InHealth contacted the department late on Jan. 15, triggering a required 15-day review period during which department officials review documents to ensure that insurance companies clearly explain provider-network changes to consumers.

However, an official with the Ohio Department of Insurance said nothing stops insurers from starting the notification process during the 15-day review period. The Department of Insurance did not encourage InHealth to begin the notification process earlier.

“We consider this decision to be a business decision of the company,” the official said.

The official said the department sometimes gets notices from insurance companies about their plans for a “market

disruption” that ultimately doesn’t happen. “This is, from our perspective, not a done deal until it’s a done deal.”

But some Ohioans said they are furious that InHealth is putting coverage with Ohio-Health on the line.

“I feel cheated,” said Victoria Lawson of Franklin County’s Pleasant Township. She and her husband, both in their 60s, have an InHealth policy. “InHealth needs to pony up and come to an agreement with OhioHealth.”

InHealth has said that OhioHealth is an “outlier” in how much it charges for care. OhioHealth has said what it charges is competitive.

Ohioans who buy coverage through [healthcare.gov](http://healthcare.gov) typically cannot sign up for a different plan after the open-enrollment period ends. There are some exceptions that allow for a special enrollment period; among them, the loss of a job, a move or the birth of a child.

But an eleventh-hour change in an insurance company’s provider network isn’t one of them.

The federal government will not create a special enrollment period for people affected by InHealth’s decision, said Andy Slavitt, acting administrator for the Centers for Medicare & Medicaid Services, in a conference call last week.

But Aaron Albright, a CMS spokesman, said the federal government will review InHealth’s provider network to make sure it is adequate.

Sonya Peria and her husband, Chris, live in Marion and said they will not have an in-network hospital close by as a result of the change.

“It does put us in a very difficult situation,” Mrs. Peria said. “It’s not my fault that this happened.”  
[bsutherly@dispatch.com](mailto:bsutherly@dispatch.com) @BenSutherly

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## HEALTH COVERAGE

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# Insurer, OhioHealth split could hurt 9,000

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By Ben Sutherly The Columbus Dispatch

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While wintering in Florida this past weekend, Rick and Linda Vierow received a troubling voicemail from their health insurer, In Health Mutual.

In Health was cutting a major central Ohio hospital system, Ohio Health, from its provider network on March 1. For the Vierows, who are early retirees in their 50s, that meant their physicians and some of their preferred hospitals would no longer be part of their health plan's provider network.

The Vierows had just purchased their health policy through Ohio's federally run health-insurance marketplace. So they scrambled to find another plan whose network included their doctors before Sunday, the last day to sign up for marketplace coverage for 2016.



They enrolled in an Anthem Blue Cross and Blue Shield policy whose network included their doctors but not their preferred hospital, OhioHealth Riverside Methodist Hospital. And the new policy is not compatible with a health-savings account.

The Vierows, who live in Westerville, were not happy with the last-minute notice that they received from InHealth. They are among more than 9,000 Ohioans enrolled in InHealth coverage through the marketplace who could be affected by the split.

“We find it very difficult to believe that providers and insurers can change the product that radically midstream,” Mr. Vierow said.

People who buy coverage through Ohio’s health-insurance marketplace typically cannot sign up after the open-enrollment period ends. There are some circumstances that can trigger a special enrollment period — the loss of a job, a move, the birth of a child— but an eleventh-hour change in a plan’s provider network isn’t one of them.

The last-minute notice “is a significant concern to this organization,” said Dr. Bobbie Freeman, chairwoman of InHealth’s operating board, as well as its chief administrative officer and chief medical officer. “We did everything we could to get the decision made and notification given in a timely fashion.”

She said the Ohio Department of Insurance completed a mandated review of InHealth’s plan to drop OhioHealth from its network on Friday, after which InHealth immediately began to notify its members of the change.

InHealth had 2,646 members with marketplace and non-marketplace coverage that accessed care through OhioHealth last year. Hundreds of members who are pregnant, already undergoing a course of treatment or possessing a current authorization for health-care services with an affected facility or provider can receive that care at in-network rates, InHealth said.

Freeman called Ohio-Health “an outlier” in how much it charges for care, noting hospitals associated with Mount Carmel Health System and Ohio State University offered lower rates. InHealth doesn’t negotiate directly with OhioHealth, instead accessing its services through a third-party agreement with a company called Ohio Health Choice.

In an emailed statement, OhioHealth said: “We do not disclose our negotiations publicly. What we can say is that our contract reflects what we believe to be a competitive, commercial market rate.”

About 15 percent of OhioHealth providers will remain part of InHealth’s network through other contracts, Freeman said.

Last fall, the federal government placed InHealth under “enhanced oversight.” It is one of about two dozen “consumer operated and oriented plans,” many of which have shut down in the past year.

InHealth remains financially sound, Freeman said, though it might not turn a profit until 2018.

InHealth said this past fall that it was trying to slow the rate at which it’s burning through its cash reserves, in part by working to get hospitals, doctors and other providers in its



health network to agree to lower reimbursement rates.  
[bsutherly@dispatch.com](mailto:bsutherly@dispatch.com) @BenSutherly